

Expression of Intermediary Preference

Dear Initial Applicant:

In order to assure that the Centers for Medicare & Medicaid Services (CMS) has your intermediary preference on record, would you please identify the organization you have selected as intermediary for your facility.

Please choose one of the following:

Mutual of Omaha
Trispan

Please write your selection in the space provided at the bottom of this page. Be sure to sign this form and return it as soon as possible.

Sincerely,



Lisa Coots, R.N., Administrator
Unit of Home Care and
Rehabilitative Standards

Name of Agency: _____

Address: _____

(Intermediary Choice)

Signature

Date